

Figure SC810.F71. Sample Letter from OWCP Requesting Transfer of Health Benefits

REQUEST FOR TRANSFER OF FEHB ENROLLMENT TO OWCP

U.S. Department of Labor

Employment Standard Administration
Office of Worker's Compensation Programs
Division of Federal Employees Compensation
Washington, DC 20210

REQUEST FOR TRANSFER OF FEHB ENROLLMENT TO OWCP

Employing office name and address: Date of request:
File number:
Employee's name:
Social Security Number:
Effective date of transfer:

The above-named employee is receiving compensation under the Federal Employee's Compensation Act and we are withholding premiums for the employee's Federal Employees Health Benefits (FEHB) Program enrollment from the employee's compensation.

Please forward the employee's health benefits enrollment documents to this Office as specified in the Federal Employees Health Benefits Handbook (formerly the Supplement 890-1 of the Federal Employees Personnel Manual). The documents include the copies of every SF 2809 and SF 2810 in the employee's Official Personnel Folder beginning with the date of his or her initial enrollment in the FEHB Program, together with any related documentation (such as medical documentation for a disabled child over age 22). As of the effective date shown above, OWCP is the employing office for this employee.

If you have sent the employee's OPF to the Federal Records Center, it is your responsibility to recall it so that you can comply with this request.

If you have any questions concerning this request, you may contact:
Name of contact:
Telephone number:

To be completed by employing office

Employing office: Attached documents to this form and return to OWCP. File a copy of the form in the employee's OPF to show the disposition of the FEHB documents.

Name of employing office contact: Telephone number: Date documents sent OWCP:
